

Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

November 2011

The purpose of this **UPDATE** is to bring important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional "happenings." We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the [MCH Program website](#) or distributed by request via E-mail. To receive the **UPDATE**, send your name and E-mail address to [Mary Gothard](#).

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains "active links" to content, therefore it is best read electronically. If you have comments or have suggestions for a future issue contact [Mary Gothard](#) at (608) 266-9823.

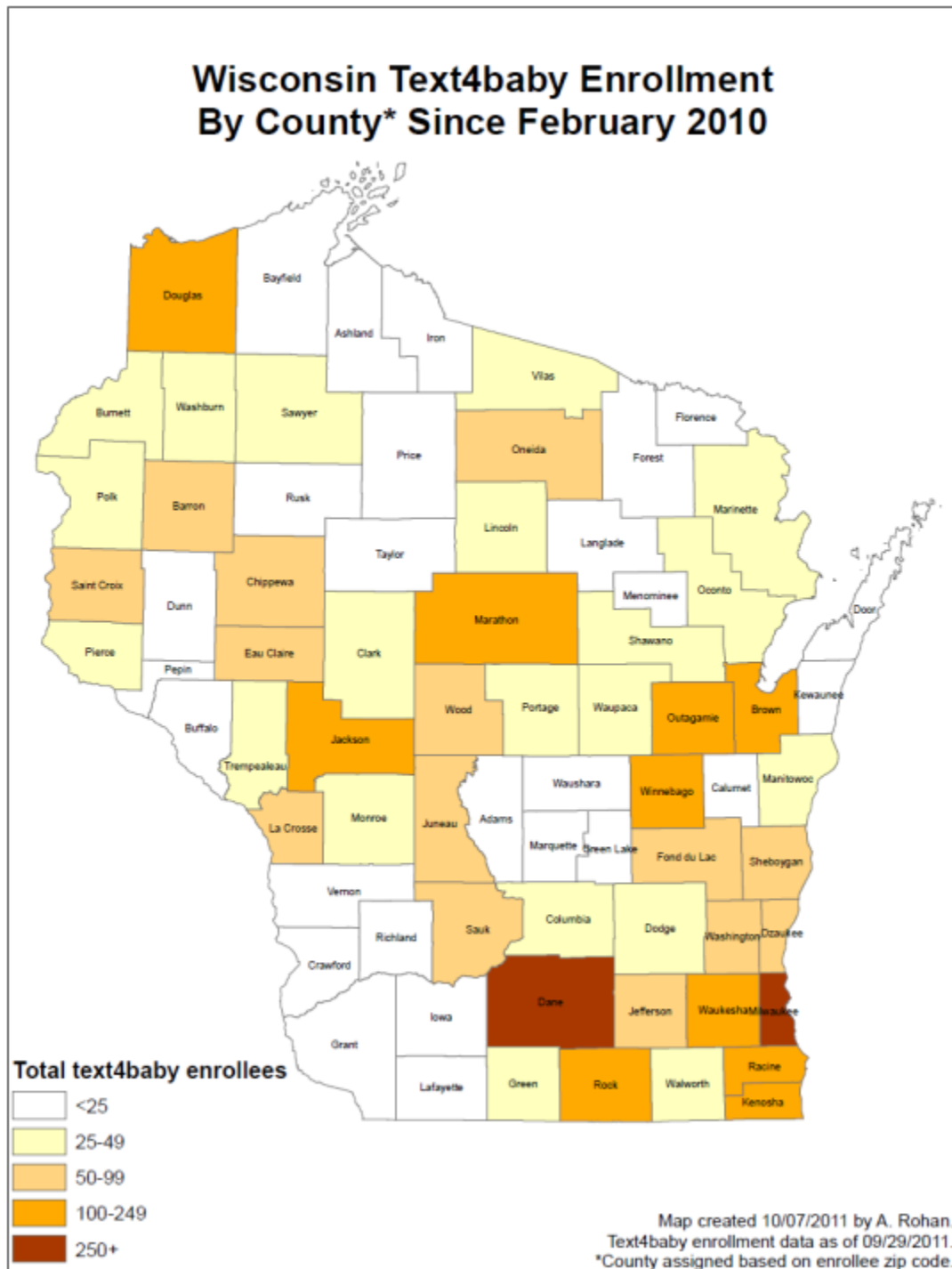
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THINGS YOU DON'T WANT TO MISS!

Wisconsin Text4baby Enrollment Update

Since the launch of text4baby in February 2010, Wisconsin has now enrolled more than 5,000 users across the state. Enrollment by county ranges from more than 1,100 enrollees in Milwaukee County to less than 5 women who have enrolled in smaller counties such as Florence, Iron, Pepin, Richland, and Taylor. See the map below for the distribution of text4baby enrollees across the state.



As a reminder you may use the data to track enrollment and monitor effectiveness of outreach efforts in your community. For example, if you have an outreach event on a particular day we can track by date of enrollment when users enrolled to see if your outreach efforts made a difference in enrollment. Contact [Mary Gothard](#) if you have questions.

BCHP NEWS AND EVENTS

MCH Early Childhood Systems Update

On September 6th the MCH Program hosted a webcast to provide information about the 2012 MCH Performance Based Contracting process. Local health departments who were not able to view this webcast live are encouraged to visit the Early Childhood Systems website [Events Page](#) to view the archived webcast. Along with the webcast link, there are other support materials provided, to include the 2012 MCH Program Update and Wisconsin Healthiest Families and Keeping Kids Alive contracting packets. Please note the final objectives for 2012 are loaded in the Grants and Contracting (GAC) system and the [MCH Early Childhood Systems website](#). Contact your Regional or [Central Office Contract Administrator](#) with questions.

Updates from the Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation

The Perinatal Foundation is proud to announce the release of the [Madre, hay esperanza® audio CD](#)! The *Madre, hay esperanza®* CD is a 35 minute Spanish-language CD intended to raise awareness about postpartum depression and make this information more accessible for Latino families. The CD includes compelling stories, culturally appropriate information about postpartum depression, and enjoyable music. The CD can be given to Spanish-speaking parents or expectant parents by providers in public and private prenatal, postpartum, or pediatric care settings, as well as in home visiting or other community education programs.

Earlier this year, the Perinatal Foundation completed an evaluation of the CD with Latino women and men in the Madison area. The evaluation results confirm that the CD is an effective tool to increase knowledge and decrease stigma about postpartum depression among Spanish-speaking parents of young children. The *Madre, hay esperanza®* project is a systematic continuation of the Perinatal Foundation's perinatal mood disorders programmatic focus. Visit the [Perinatal Foundation Website](#) for additional educational tools and resources or you may [click here to order the Madre, hay esperanza® CD](#).

Update From the Maternal Health Hotline and Wisconsin First Step

See page 12-13 for information about transition resources.

CURRENT RESEARCH/NEWS

Program Expands Effort to Build Maternal and Child Health Infrastructure and Capacity in Health Plans

The National Institute for Health Care Management (NIHCM) Foundation has launched a new [Promising Practices in Maternal and Child Health \(MCH\) Program](#) to recognize emerging and promising programs or policies in MCH, promote program replication and new collaborations, and create a dedicated space where health plans and other MCH leaders can share their success stories with peers. Through the new project, NIHCM has joined eight other national professional organizations, including the Academy of Pediatrics, the American Bar Association, the Association of State and Territorial Health Officials, Family Voices, Grantmakers in Health,

the National Association of County and City Health Officials, the National Conference of State Legislatures, and the National Governors Association, in helping members make well-informed decisions on matters impacting the health and health care of mothers and children. On a quarterly basis, one promising practices submission will be selected and highlighted in a fact sheet designed and produced by NIHCM. More information about NIHCM's program, including how to submit a promising practice, is available at. The program's inaugural fact sheet, [Partnering to Promote Healthy Babies](#), provides an overview of the text4baby mobile service, including examples of the role of health plans in promotion, enrollment, evaluation, expansion, and outreach. Taken from September 2, 2011 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Folic Acid Use In Pregnancy and Atopic Diseases

A study published in the July 2011 edition of the journal *Pediatrics* investigates whether folic acid supplementation and higher intracellular folic acid (ICF) levels during pregnancy increase the risk of childhood atopic diseases. Folic acid supplementation was recently implicated as a potential risk factor for these diseases which include atopic dermatitis and asthma. In the study, folic acid use was defined as stand-alone and/or multivitamin supplements used before and/or during pregnancy. Data was collected on eczema, wheeze, atopic dermatitis, asthma and lung function. The study authors found that maternal folic acid supplement use during pregnancy was not associated with an increased risk of wheeze, lung function, asthma or related atopic outcomes in children. They conclude that their results do not confirm any meaningful association between use of folic acid supplements during pregnancy and atopic diseases in children. Review the study [online](#). Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 1, 2011, Volume 13, Edition 31.

Analysis Explores the Relationship Between Bed Sharing and Sudden Infant Death

"Bed sharing strongly increases the risk of SIDS [sudden infant death syndrome]. This risk is greatest when parents smoke and in infants who are [less than] 12 weeks of age," state the authors of an article published in the *Journal of Pediatrics online* on August 24, 2011. There is ongoing debate about bed sharing recommendations. The article presents a meta-analysis of case-control studies that provide data on bed sharing and SIDS to quantify current evidence about SIDS risk associated with bed sharing.

Only studies analyzing the influence of bed sharing (the practice of sharing a sleep surface between adults and young children) on the risk of SIDS were included in the review. Selection criteria included: (1) an adequate definition for SIDS; (2) autopsies performed in more than 95% of cases; (3) an appropriate description of SIDS ascertainment in the study population; (4) a clear description of the process of control selection; and (5) sufficient data to calculate odds ratios (ORs) and confidence levels. The authors found that:

- All studies found an increased risk of SIDS in bed sharing infants (summary OR, 2.89).
- In the studies that presented data on maternal smoking, the risk associated with bed sharing increased even further (OR, 6.27); the papers that reported the risk of bed sharing in non-smoking parents found the risk to be only slightly and not significantly increased (OR, 1.66).
- In three studies reporting on infants' ages, the risk was 10 times higher in infants ages less than 12 weeks; the risk for infants ages 12 weeks or older was not elevated.
- Routine bed sharing did not increase the risk of SIDS. However, bed sharing during the last night when bed sharing was not routine increased the risk two-fold.

The authors state: "for public health advice, it is not clear whether a strategy to advise against bed sharing in general or just particular hazardous circumstances in which bed sharing occurs

would be more prudent. However, at a minimum, families should be warned against bed sharing when either parent smokes They should also be made aware that the risk is particularly high in very young infants, regardless of whether either parent smokes."

Venneman MM, Hense H-W, Bajanowski T, et al. 2011. Bed sharing and the risk of sudden infant death syndrome: Can we resolve the debate? *The Journal of Pediatrics* [published online on August 24, 2011]. [Abstract](#). Taken from September 30, 2011 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Report Characterizes U.S. Maternity Practices Related to Breastfeeding

[Vital Signs: Hospital Practices to Support Breastfeeding -- United States, 2007 and 2009](#) uses data from the national *Maternity Practices in Infant Nutrition and Care (mPINC)* census survey to describe maternity care practices in the United States. The report, published in the August 2, 2011, issue of *Morbidity and Mortality Weekly Report*, examines practices in 2,690 hospitals and free-standing birth centers in all states, the District of Columbia, and four U.S. territories. Contents include data and analysis for 10 indicators consistent with the World Health Organization-United Nation's Children's Fund's Ten Steps to Successful Breastfeeding: existence of a model breastfeeding policy, staff competency assessment, prenatal breastfeeding education, early initiation of breastfeeding, teaching breastfeeding techniques, limited supplementation of breastfeeding infants, rooming-in, teaching feeding cues, limited use of pacifiers, and post-discharge support. Topics include the prevalence in 2007 and 2009 for each of the 10 indicators and variations by geographic area and hospital annual number of births. The authors also provide conclusions and discuss implications for public health practice.

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Improving the Nutritional Well-Being of Women, Children and Families

The Association of State and Territorial Health Nutrition Directors (ASTPHND) has released a new brief [Improving the Nutritional Well-being of Women, Children and Families](#). The publication was developed by the ASTPHND Maternal and Child Health Nutrition Council and provides state and national leadership on food and nutrition policy, programs and services. It includes a call to action and specific recommendations for state and territorial health agencies to strengthen their public health nutrition services. States and territories are encouraged to take action to enhance the public health nutrition services they offer and ensure that population-based services are available that support the health of women, infants, children, youth and families. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 22, 2011, Volume 13, Edition 34.

Study Examines Injuries from Falls from Windows

A study published in *Pediatrics* examined the epidemiological features of pediatric injuries related to falls from windows. Researchers utilized the National Electronic Injury Surveillance System to review emergency department data on injuries associated with window falls from 1990 to 2008. Over 98,400 children (an average of 5,180 patients per year) were treated in US hospital emergency departments for window fall-related injuries during the 19-year study period. The average age of children was five years, with boys accounting for 58.1% of the cases. Children age 0-4 were more likely to sustain head injuries and to be hospitalized or to die when compared with children 5 to 17 years of age. Falls from a height of three stories or higher and a hard landing surface (such as concrete) increased the risk of serious injuries. The study authors call for increased prevention efforts. Window guards or window locks should be used and furniture should be moved away from windows to decrease a young child's access. The study is available [online](#). Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 29, 2011, Volume 13, Edition 35

Article: Progress in Achieving 21 Critical Health Measures for Young People

"The adolescents and young adults from [the] United States made some progress in achieving many of the 21 CNHOs [critical national health objectives] since 1991, and from baseline years to 2009. However, only two CNHOs were achieved," write the authors of an article published in the August 2011 issue of the *Journal of Adolescent Health*. The article examines 21 CNHOs for adolescents and young adults selected in 2000 by the National Adolescent Health Steering Committee as part of the Healthy People 2010 development process to address the most significant threats to the health of young people ages 10-24. The 21 CNHOs address six areas: mortality, unintentional injury, violence, substance use and mental health, reproductive health, and chronic disease. The study examined whether health outcomes and behaviors had improved, worsened, or remained unchanged from 1991 (or a later year during which data were first collected) to 2009 (or the latest year of data) and from the baseline year for which the 2010 target was established (hereafter referred to as the "baseline year") and 2009. The study also assessed the extent to which each 2010 target was achieved since its respective baseline year.

The authors found that:

- Young people made progress in achieving 12 CNHOs (rode with a driver who had drunk alcohol, physical fighting, pregnancies, seatbelt use, sadness among children with disabilities, tobacco use, weapon carrying in school, suicide attempts, binge drinking, marijuana use, alcohol-related motor vehicle crash (MVC) mortalities, and suicides); made mixed progress in achieving 2 CNHOs (overall mortality, homicides); made no progress in achieving 4 CNHOs (sexual behavior, mental health treatment, physical activity, MVC deaths); and regressed in achieving 2 CNHOs (chlamydia infections; overweight and obesity).
- The United States achieved 2 CNHOs (reduced riding with a driver who had drunk alcohol and physical fighting).
- Among the 12 CNHOs for which young people made progress, more than 50% of the targets were achieved for seven health outcomes and behaviors (rode with a driver who had drunk alcohol, physical fighting, pregnancies, seatbelt use, sadness among children with disabilities, tobacco use, and weapon carrying in school).
- Males, blacks, and older age groups generally exhibited worse health outcomes and more risk behaviors than their counterparts. Among the 19 measured CNHOs examined by gender, in most or all of the survey years, males displayed worse results than females in 14 CNHOs, mainly in categories of overall mortality, unintentional injury, violence, reproductive health, and chronic diseases. Blacks displayed the worst results for 8 of the 20 measured CNHOs among all race and ethnicity groups, mainly in overall mortality, violence, and reproductive health. Older age groups displayed worse results than their younger counterparts in overall mortality, homicides, suicides, sexual behaviors, tobacco use, and physical activity.

The authors conclude that "findings from this study emphasize the need for a focused and sustained national effort to improve the health and well-being of adolescents and young adults." Jiang N, Kolbe LJ, Dong-Chui S, et al. 2011. Health of adolescents and young adults: Trends in achieving the 21 critical national health objectives by 2010. *Journal of Adolescent Health* 49(2):115-123. [Full text](#). Taken from August 5, 2011 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

WISCONSIN DATA TIDBIT AND DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us About Taking a Multivitamin or Prenatal Vitamin

Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) survey of new mothers indicate that slightly more than half (52%) of Wisconsin mothers did not take a multivitamin or prenatal vitamin during the month before they became pregnant. The proportion of Hispanic/Latina mothers who did not take a multivitamin or prenatal vitamin is higher (69%) than for mothers of other racial/ethnic groups, followed by African American mothers (62%), and other racial/ethnic groups. The survey asked: "During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?"

"I didn't take a multivitamin or a prenatal vitamin at all"

White, non-Hispanic	48%
Black, non-Hispanic	62%
Hispanic/Latina	69%
Other	58%
Total	52%

Source: 2007-2008 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

If you would like PRAMS data presented, or for more information, contact [Kate Kvale](#) - Project Director at (608) 267-3727.

The CDC 2011 Breastfeeding Report Card Available

The [Breastfeeding Report Card, United States 2011](#) was released August 1, 2011 by Centers for Disease Control and Prevention (CDC). The Breastfeeding Report Card, now in its 5th year, provides indicators on state and national trends in breastfeeding data. States can use this Report Card and previous years' Report Cards to track progress, identify the areas where mothers need more support, and work within their communities to better protect, promote, and support breastfeeding mothers.

Five outcome indicators profile the extent to which infants in Wisconsin are breastfed. These are derived from the breastfeeding goals outlined in *Healthy People 2020* a description of the nation's health priorities (below).

MICH-21: Increase the proportion of infants who are breastfed		
MICH-21.1	Ever	81.9%
MICH-21.2	At 6 months	60.6%
MICH-21.3	At 1 year	34.1%
MICH-21.4	Exclusively through 3 months	46.2%
MICH-21.5	Exclusively through 6 months	25.5%

Percent of WISCONSIN Children Who Were Breastfed by Birth Years (2004, 2005, 2006, 2007 & 2008), National Immunization Survey (NIS), Reports – 2007, 2008, 2009, 2010, & 2011 and Pediatric Nutrition Surveillance System (PedNSS), 2006, 2007, 2008, 2009, & 2010 for Wisconsin

	Ever Breastfed	Breastfeeding at 6 Months	Breastfeeding at 12 Months	Exclusive Breastfeeding at 3 Months¹	Exclusive Breastfeeding at 6 Months¹
2004 NIS WI 2007 Report ²	72.1	38.6	18.3	34.5	14.3
2005 NIS WI 2008 Report ²	70.6	41.4	17.1	35.7	13.1
2006 NIS WI 2009 Report ²	76.9	47.5	24.3	43.9	16.3
2007 NIS WI 2010 Report ²	76.3	48.1	23.5	39.3	16.4
2008 NIS WI 2011 Report ²	73.7	44.5	24.9	38.2	14.7
2006 PedNSS WIC	62.6	21.9	13.1	13.1	7.1
2007 PedNSS WIC	63.2	26.6	12.3	16.3	6.2
2008 PedNSS WIC	64.6	27.1	12.3	15.7	6.3
2009 PedNSS WIC	66.9	27.5	13.2	18.8	8.6
2010 PedNSS WIC	68.5	26.4	12.4	19.5	8.8

¹Exclusive breastfeeding information is defined as ONLY breast milk — NO solids, no water, and no other liquids.

[National Immunization Survey \(NIS\), 2004, 2005, 2006, 2007, 2008 CDC.](#)

² Interviews with caregivers of children born in 2008 will continue through December 2011. Provisional rates for children born in 2008 will be updated with final estimates once data becomes available in August 2012. (Breastfeeding rates among children in a birth year are released when approximately 2/3rds of the children born in that year have been surveyed. The rates are labeled provisional until they are replaced the following year with final rates based on all children in the birth year.)

[Pediatric Nutrition Surveillance Survey \(PedNSS\), 2006, 2007, 2008, 2009, & 2010 CDC.](#)

NOTE: Percents in bold are those that have met the *Healthy People 2010* objective.

CONFERENCES AND AWARENESS CAMPAIGNS

Save the Date - Safe Infant Sleep Summit

The Wood County Health Department and UW Marshfield Wood County will be hosting *Safe Infant Sleep Summit – Sending a Consistent Message*. This event will be held Tuesday, April 17, 2012 from 9:00 AM – 3:00 PM at the Holiday Inn Conference Center in Marshfield.

Dangers from Furniture Tip-Overs

A [new report](#) from the Consumer Product Safety Commission (CPSC) highlights the dangers that children face in the home from furniture and television “tip-over” incidents. One of the top

hidden hazards in the home, children can be crushed by the weight of a television, furniture or appliance. CPSC is urging parents and caregivers to inspect and anchor furniture and TVs to protect young children from a preventable tragedy. Between 2000 and 2010, the CPSC received reports of 245 tip-over-related deaths involving children 8 years of age and younger, with more than 90% of the incidents involving children under age 5. The majority of children were killed following fatal injuries to the head. About 70% of children's fatalities involved falling televisions, and 27% involved furniture falling. Tips for preventing these tragedies include: anchor furniture to the wall or floor; place televisions on sturdy, low bases; push the television as far back on the furniture as possible. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. October 10, 2011, Volume 13, Edition 41

WEBSITES AND WEB-BASED RESOURCES

AMCHP Pulse – CYSHCN, Systems Building & Home Visiting

This [July-August 2011 issue](#) of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on CYSHCN, Systems Building & Home Visiting.

AMCHP Pulse – Infant Mortality

This [September 2011](#) issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on Infant Mortality.

CDC Vital Signs

The 15th edition of *CDC Vital Signs* - [Adult Smoking in the U.S](#) - presents the latest information about adult smoking in the United States and examines changes in smoking rates and patterns of smoking during 2005–2010. [CDC Vital Signs](#) offers recent data and calls to action for important public health issues.

Childhood Obesity Prevention Checklist

The [Let's Move Child Care Checklist](#) presents recommendations for childhood obesity prevention in early care and education. Created as part of the [Let's Move Child Care website](#) which was launched by the White House in June, the checklist includes topics such as physical activity, screen time, food, beverages and infant feeding. The checklist is based on the Nutrition and Physical Self-Assessment for Child Care (NAP SACC), a research-tested intervention designed to enhance policies, practices, and environments in child care by improving the nutritional quality of food served, the amount and quality of physical activity, staff-child interactions, and facility nutrition and physical activity policies and practices and related environmental characteristics. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. July 18, 2011, Volume 13, Edition 29.

New Cell Phone Resource on Medications and Breastfeeding

The [LactMed app](#) contains information about medications and breastfeeding. The app features data about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs to consider. The app is available for iPhone or Android. *LactMed apps* are made available by the US National Library of Medicine through ToxNet, their Toxicology Data Network.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 8, 2011, Volume 13, Edition 32.

MCH Library Releases School Resource Briefs

The [Maternal and Child Health Library \(MCH Library\)](#) has released a new set of resource briefs to help promote child and adolescent health in schools. The resource briefs point to key websites and materials for developing and evaluating school health programs and for educating students and their families, teachers, and school staff about important health topics ranging from asthma management to social and emotional development. School resource briefs are available on the MCH Library website, as follows:

- [Asthma Management](#)
- [Autism Spectrum Disorders](#)
- [Children and Youth with Special Health Care Needs](#)
- [Diabetes](#)
- [Emotional, Behavioral, and Mental Health Challenges](#)
- [Nutrition Education and School Meals](#)
- [Oral Health](#)
- [Overweight and Obesity](#)
- [Physical Activity and Physical Education](#)
- [School-Based and School-Linked Health Care](#)
- [School Violence Prevention](#)
- [Sexuality Education](#)
- [Social and Emotional Development](#)

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CYSHCN CORNER

Wisconsin First Step - Transition Resources

Planning for transition is one of the most challenging processes for the family of a youth with special needs. The Individuals with Disabilities Education Act (IDEA) requires that a student's Individualized Education Program (IEP) includes a transition plan by the time the student turns 16 years old. In Wisconsin, the requirement for a transition plan to be included in student's IEP is age 14. But sometimes parents aren't ready for this "next step." Perhaps the parents haven't been told about transition yet. Or perhaps there are other barriers affecting the parents', the schools' or others' ability to move forward. What then?

The Wisconsin First Step hotline receives regular inquiries about transition-what it is and how to get going. The calls come from parents, teachers, providers and others. For instance, a Special Education Teacher called recently concerned about the unique issues in planning for a Spanish speaking student of hers who was of transition age. The school district had provided a translator for the parents, but the teacher was concerned that too much was getting lost in translation. The teacher wanted to be sure the parents fully understood the importance of the transition goals and what needs to be done to ensure their child continues to receive services after turning 21 years old. The Parent Specialist at Wisconsin First Step was able to make a referral to a contact at WI FACETS who provides Transition Workshops in Spanish.

Another transition related call to the Wisconsin First Step hotline came from a parent who was initially looking for information on medical mileage reimbursement. During the course of the conversation, the Parent Specialist realized this parent had not yet been told about transition services/planning. The Parent Specialist addressed the parent's initial request and then talked with her about her plans for her son's future. The parent was not only encouraged to think

about how her son's education will prepare him for his adult life, but to also educate herself on what services are currently available to developmentally disabled adults in her area. Among the referrals given was one to Parent to Parent of Wisconsin to get the caller matched with the parent of a child who has recently made the transition to adult life.

The Wisconsin First Step Parent Specialists rely on the comprehensive statewide database maintained by the hotline and, when appropriate, their own experiences. They welcome the opportunity to put time and energy into helping other parents navigate the system so that they can make informed choices. When parents, caregivers, teachers and providers have access to timely, direct, and practical resources they can and do make a profound difference in the life of a child with special needs. For all special needs referral information including transition resources, contact Wisconsin First Step at 1-800-642-7837 or visit the [website](#). This free confidential service is available 24/7 for all Wisconsin residents.

New Resource for Families with Children and Youth with Special Health Care Needs

We are pleased to let you know that [*Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities*](#) has been published and is available for you to download. The Wisconsin Children and Youth with Special Health Care Needs Program developed this guide in partnership with the Community of Practice on Autism Spectrum Disorders and other Developmental Disabilities to assist families who may have concerns or questions about their child's development or have recently received a diagnosis of a special health care need or disability. *Finding Your Way* provides brief descriptions of programs, services and systems of support and gives contact information to learn more about these and other resources.

Learn the Signs, Act Early Campaign

Autism Society of Wisconsin member Gail Chodron has been selected to serve as an Act Early Ambassador for the Centers for Disease Control and Prevention's (CDC's) *Learn the Signs. Act Early*. (LTSAE) program. Gail will play an important role in educating parents, healthcare professionals, and early educators in Wisconsin about early childhood development, warning signs of autism and other developmental disabilities, and the importance of acting early on concerns about a child's development. Gail will also continue working with the Act Early Wisconsin Initiative, a team of early childhood, health care, and state professionals, as well as parents and others, who have developed and are implementing Wisconsin's Act Early State Plan to improve access to a coordinated system of early identification, referral, diagnosis, evidence-based intervention, and supports and services for children with autism spectrum disorders and other developmental disabilities.

The LTSAE campaign was developed by the Centers for Disease Control and Prevention's (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD), in collaboration with a number of national partners. The campaign aims to educate parents about childhood development, including early warning signs of autism and other developmental disorders, and encourages developmental screening and intervention.

In Wisconsin, the [Act Early Wisconsin campaign](#) helps share LTSAE materials and messages, but it does much more! It has also partnered with the CDC to develop a Wisconsin Developmental Milestones brochure, which uses the LTSAE information, and adds Wisconsin-specific information to connect parents to local resources and referrals. Act Early Wisconsin is also distributing Milestone Moments booklets, which shares developmental milestones by age alongside positive parenting tips for supporting your child's development at each age. Finally,

Gail is happy to work with state partners to identify funding sources to support printing and distribution of materials. To learn more about getting [free materials](#), or to get help integrating any campaign messages and materials into your work with families, contact [Gail Chodron](#) at (608) 890-0145.

Youth Health Transition...what is it and why is it important?

"Optimal health care is achieved when each person, at every age, receives medically and developmentally appropriate care. The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs and those who do not. This process includes ensuring that high-quality, developmentally appropriate health care services are available in an uninterrupted manner as the person moves from adolescence to adulthood."¹

Less than half of Wisconsin youth with special health care needs receive the health care transition supports and services they need, according to the 2005-06 National Survey of Children with Special Health Care Needs. In 2011 Wisconsin Title V conducted a Request for Proposal process to create four statewide hubs of expertise to focus on the Children and Youth with Special Health Care Needs (CYSHCN) national performance measures of Family Leadership, Access Health Benefits Counseling, Medical Home, and Youth Health Transition.

The American Family Children's Hospital (AFCH), and the University of Wisconsin (UW) Department of Pediatrics were awarded the Youth Health Transition hub, which addresses the needs of youth as they move from pediatrics to adult health care. Planning is underway with a steering team comprised the Wisconsin Title V program, AFCH, the UW Department of Pediatrics and the Waisman Center. Kristin McArdle, a social worker, is the lead for this work at AFCH. As an initial task, Kristin is conducting an environmental scan of all of the health transition resources in Wisconsin. This scan is in process to identify current best practice, champions in the field and needs based on feedback from families and providers. Visits to tertiary hospitals with pediatric specialty clinics addressing transition are underway to begin to build collaboration and create networks of individuals interested in furthering their current practice. An outcome of this work will be a Wisconsin CYSHCN Health Transition Toolkit which will include resources for youth, families and healthcare providers. In addition to identifying useful resources, Kristin will be engaged in outreach, training and technical assistance as the hub becomes more established. For more information contact [Kristin McArdle](#) (608) 890-7990.

¹American Academy of Pediatrics Clinical Report. (2011). *Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home* [182-200], PEDIATRICS. To access the full article: <http://www.gotttransition.org/>

Parent to Parent USA National Leadership Meeting

The P2P National Leadership Meeting was held September 15-17 in Denver, Colorado. The mission of the Leadership meeting was to share knowledge, wisdom and resources across programs and to discuss national initiatives and effective partnerships for moving our programs' forward.

Robin Mathea, *Director Parent to Parent of WI*, facilitated a large group session, Conversation Circle. This activity was designed to promote and identify mentorship opportunities between programs. Through a guided conversation regarding program challenges and successes we were able identify the programs that have tackled these challenges and brought about the successes so that programs can learn from one another. Getting connected to another program who has had a similar experience and has not only survived, but thrived is the essence of parent to parent support.

Help families get connected to support from another parent who has the shared experience of having a child with special needs. For more information about Parent to Parent of Wisconsin or to order free brochures to share with families, visit the [Parent to Parent of Wisconsin website](#) or call (715) 361-2934.

Updated Chartbook Addresses Coverage and Financing of Care for CYSHCN

The Catalyst Center [State-at-a-Glance Chartbook on Coverage and Financing for Children and Youth with Special Health Care Needs \(CYSCHN\)](#) provides demographic, economic, health care services, and coverage information for CYSHCN residing in states, the District of Columbia, and Puerto Rico. The updated chartbook, produced by the Catalyst Center with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, combines data from more than 15 sources, including the National Survey of Children with Special Health Care Needs, the National Survey of Children's Health, the U.S. Census Bureau, the U.S. Department of Education, the Kaiser Family Foundation, and the American Board of Medical Specialties. The chartbook also presents several new indicators, including states' progress toward achieving the six core performance outcomes for CYSHCN. Users can get data by state or compare data from two states and the nation in a printable table. Tips for interpreting and using the data accurately and information on data sources and methods are included.

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Ethics of Child Obesity Policy - Children with Special Health Care Needs

"Children with special health care needs will benefit from governmental policy solutions for obesity intended for the wider world of children if and only if they are guaranteed participation," state the authors of an article published in the September 2011 issue of *Preventing Chronic Disease*. This article highlights ideas generated and conclusions reached at the Symposium on Ethical Issues in Interventions for Childhood Obesity, sponsored by the Robert Wood Johnson Foundation and Data for Solutions, Inc. The authors describe the profile of children with special health care needs and review what is known about the prevalence of overweight, obesity, and associated risk factors for this population. The goal is to identify issues to optimize benefits for children and families. The authors examine the following ethical considerations that influence responses to child obesity policy from the perspective of CSHCN:

- While the policy history of CSHCN and their families is likely to result in support for broad-based multifactorial efforts to promote healthy weights in children, policy responses must also be sufficiently robust to address the needs of certain children and families who require more specialized initiatives. Calibrating the correct mix of inclusive and special obesity-prevention initiatives presents challenges.
- Program models, methods, and materials to enable CSHCN to participate fully in activities that promote healthy weights in their schools and communities are in short supply.
- Policymakers should be aware of the growing racial-ethnic and linguistic diversity of the U.S. population and the particular needs and concerns of families with CSHCN from minority and low-income communities.

The authors conclude that "policy solutions designed to address the needs of all children, including children with SHCN, are required to create healthy environments for children and to ensure that all children have a healthy life."

Minihan PM, Must A, Anderson B, Popper B, Dworetzky B. 2011. Children with special health care needs: Acknowledging the dilemma of difference in policy responses to obesity. *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 8(5):1-7. [Abstract](#). Taken from September 2, 2011 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.